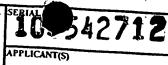
## MULTIPLE DEPENDENT CLAIM FEE **CULATION SHEET** (FOR USE WITH FORM PTO-875)



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| ŀ        | <u>53</u><br>54     |                |                | -            |              |             |                |          |              |          |               |           |  |
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|          | 71                  | 1              |                |              | ╁            |             | ╁              |          | 4-           |          | 4_            |           |  |
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| -        | <del>76</del>       | ╁╴             |                |              | - -          |             | $\perp$        |          | I            |          |               |           |  |
|          | 77                  | 1-             |                |              | - -          |             | ╀              |          | 1_           |          | $\perp$       |           |  |
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|          | 81<br>82            | ╂              |                |              | 4_           |             |                |          |              |          | 1             |           |  |
| H        | 83                  | 1-             | <del> </del> - |              | 4-           |             | ┞_             |          | L            |          | $\Gamma$      |           |  |
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